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		HADEM			(Signature)
					(Date)
APPLICATION NO.	FILING DATE	FIRST NAM	ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
. 10/053,611	01/24/2002	Kornel	ia Polyak	001107.00224	6175
TITLE OF INVENTION: SU	JBTLE MITOCHONDRIAL	MUTATIONS AS TUMOR	MARKERS		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965 .	05/24/2004
EXAM	INER	ART UNIT	CLASS-SUBCLASS	٦	
WILDER, C	·	1637	435-006000	J	
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				charge the required fee(s), or (enclose an extra c	
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(Authorized Signature)	Michael	DODDIN_			
Sarah A. Kagan	, Reg. No. 32,1		26, 2004		
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This collection of informat obtain or retain a benefit be application. Confidentiality estimated to take 12 minute completed application forn case. Any comments on suggestions for reducing the Patent and Trademark C 22313-1450. DO NOT SI SEND TO: Commissioner t	tion is required by 37 CFR I by the public which is to file its governed by 35 U.S.C. 12 es to complete, including gat in to the USPTO. Time will the amount of time you renis burden, should be sent to office, U.S. Department of END FEES OR COMPLET for Patents, Alexandria, Virginary to the public terms of the complete	311. The information is rec (and by the USPTO to pre 2 and 37 CFR 1.14. This coll hering, preparing, and submi vary depending upon the ir quire to complete this form the Chief Information Offic Commerce, Alexandria, ED FORMS TO THIS AD nia 22313-1450.	quired to	300.00 DA	733 10053611

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/ CEE TO A NOMITTAI					Complete if Known						
FEE TRANSMITTAL			Applic	Application Number 10/053,611							
for FY 2004					Filing Date January 24, 2002						
				First I	First Named Inventor Kornelia Polyak						
	Effective 10/01/2003. Patent fees are subject to annual revision.			Fyam	iner Nan	ne	СМ	<i>J</i> ilder			
Applica	Applicant claims small entity status. See 37 CFR 1.27										
(
208 TOTAL AM	OUNT OF P	AYMENT (\$)	995	Attorr	Attorney Docket No. 001107.00224						
	METHOD OF F	PAYMENT (check all	that apply)		FEE CALCULATION (continued)						
Check	Check Credit card Money Other None			3. AL	3. ADDITIONAL FEES						
☑ Deposit Ac	oount:	Order		<u>Large</u>	Large Entity Small Entity						
M Deposit Ac	Court.			Fee	Fee	Fee	Fee	Fee Description	Fee Paid		
Deposit Account	10.0	19-0733		Code 1051	(\$) 130	2051	(\$) 65	Surcharge - late filing fee or oath			
Number	19-0			1052	50	2052	25	Surcharge - late provisional filing fee	\vdash		
.								or cover sheet.			
Deposit Account	Rann	ner & Witcof	f I TD	1053	130	1053	130	Non-English specification			
Name	Daili	iei a vvilcoi	I, LID.	1812	2,520	1812	2,520	For filing a request for reexamination			
The Director i	The Director is authorized to: (check all that apply) ⊠ Charge fee(s) indicated below ⊠ Credit any overpayments ⊠ Charge any additional fee(s) during the pendency of this application			1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
				1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
☐ Charge fee(s) indicated below, except for the filing fee			1251	110	2251	55	Extension for reply within first month				
to the above-identified deposit account. FEE CALCULATION			1252	420	2252	210	Extension for reply within second month				
1. BASIC	FILING FE	F		1253	950	2253	475	Extension for reply within third month			
1. BASIC FILING FEE Large Entity Small Entity			1254	1,480	2254	740	Extension for reply within fourth month				
Fee Fee Code (\$)	Fee Fee		<u>1</u> Fee Paid	1255	2,010	2255	1,005	Extension for reply within fifth month	\vdash		
1001 770	2001 385		1007410	1401	330	2401	165	Notice of Appeal			
1002 340	2002 170	, ,		1402	330	2402	165	Filing a brief in support of an appeal			
1003 530	2003 265			1403	290	2403	145	Request for oral hearing			
1004 770	2004 385	5 Reissue filing fe		1451	1,510	1451	1,510	Petition to institute a public use proceeding			
1005 160	2005 80	Provisional filling	fee	1452	110	2452	55	Petition to revive – unavoidable			
SUBTOTAL (1) (\$) 0		1453	1,330	2453	665	Petition to revive – unintentional					
			<u> </u>	1501	1,330	2501	665	Utility issue fee (or reissue)	665		
2. EXTRA C	LAIM FEES	FOR UTILITY AN	ID REISSUE	1502	480	2502	240	Design issue fee			
			ee from Fee	1503	640	2503	320	Plant issue fee			
Total Claims	-20 **	= Claims b	elow Paid = 0	1460	130	1460	130	Petitions to the Commissioner			
Independent	-	^ ^ ;		1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)			
Claims	-3 **	= 0 X	= 0	1806	180	1806	180	Submission of Information Disclosure Stmt			
Multiple Dependent Large Entity Small Entity			8021	40	8021	40	Recording each patent assignment per property (times number of properties)				
Fee Fe	Fee	Fee Fee Descri	ption	1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))			
Code (\$) 1202 18	2202	(\$) Tee Description (\$) 9 Claims in ex		1810	770	2810	385	For each additional invention to be	\vdash		
1202 18	2202		t claims in excess of 3	1.0.0		-5.0		examined (37 CFR § 1.129(b))			
1201 86	1	•	endent claim, if not paid	1801	770	2801	385	Request for Continued Examination (RCE)			
		** Paissua i	ndependent claims over					•			
1204 86	2204	original pate		d 1802	900	l 1802	900	Request for expedited examination of a design application			
1205 18 2205 9 Reissue dains in excess of 20 and over original patent				Other fee (specify) <u>Publication Fee</u>			300				
SUBTOTAL (2) (\$) 0 Advance Patent Copies					30						

SUBMITTED BY				Com	plete (if applicable)
Name (Print/Type)	Sarah A. Kagan	Registration No. Attorney/Agent)	32,141	Telephone	(202) 824-3000
Signature	John M	Molan		Date	April 26, 2004

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